ISSUE SLIP STAPLE AREA (for additional cross references)				
POSITION	INITIALS	ID NO.	DATE	3
FEE DETERMINATION	- 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12/2/04	
O.L.P.E. CLASSIFIER	 		17-799	
FORMALITY REVIEW	- 	गादर्)/2//ga	
		,,,,,,	310-11	
	INDE	X OF CLAIMS		00
	Rejected		Non-elected	
(Thr	Allowed ough numeral) Canceled			
<i>;</i> +	Restricte		Objected	
m Date	Claim	Date	Claim Date	$-\mathbf{Q}$
3/2/9/34				
1000	Firel		Original Original	
	51		101	
NAZZ	52		102	
776-1-1-1-	54	╸╏╏╏ ┼┼┼┼┼┼┼	103	
	56		105	
 	56	┦╏╏╏	106	
8/1/1	58		108	
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2///	63		112	
		·╎┤╺╎╶╿	113	+++
8/	65		115	
	66	┦┼╃╂ ┼╃┼┩	116	
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	70	┾┼┼┼┼┼	119	
	70 71	 	121	
	72 73		122	
	73	+++++	123	
	75		125	
16	76		126	
8) 0	78		128	
9 7	79	╁╂╂╂	129	
n	81		131	
	82	 	132	
	84		134	
S	85		135	
6 17	87		137	
6	86		38	
9	90	┤┤┤┤┤ ┼┼┼┼	139	
	91		141	
3	92	┼┼┼┼┼	142	
4	94		144	
5	95		145	
7 /	97	+ + + + + + + + + + + + + + + + + + + 	147	+++
9	99		148	
<u> </u>	100		149	

If more than 150 claims or 10 action staple additional sheet here

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